

Employment Status Change Form

FCPS Form 003-F34

Human Resources Department

Employee must complete Sections 1 and 2 and return this form to HREmployeeRelations@fcps.org

Section 1: EMPLOYEE:			
Last Name:		First Name:	
Work Location:		Job Title:	
Phone:	Work Email:		Personal Email:
Employee's Signature:		Date Submitted:	
Section 2: EMPLOYEE			
Retirement			
Regular Retirement <input type="checkbox"/>		Disability Retirement <input type="checkbox"/>	
Spoken with FCPS Retirement Coordinator: Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Unpaid Extended Leave of Absence (Documentation must be included with this form at the time of submission.)			
<input type="checkbox"/>	Exchange Teaching		Letter of Acceptance from Educational Institution
<input type="checkbox"/>	Higher Education Teaching		Letter of Acceptance from Educational Institution
<input type="checkbox"/>	Study		Letter of Acceptance from Educational Institution
<input type="checkbox"/>	Personal Illness (non-FMLA)		Documentation from Health Care Provider
<input type="checkbox"/>	Medical Caregiver (non-FMLA)		Documentation from Health Care Provider
<input type="checkbox"/>	Parental Leave (non-FMLA)		Explanation of Request
<input type="checkbox"/>	Military		Department of Defense Orders
<input type="checkbox"/>	Peace Corps, VISTA, or National Teacher Corps		Letter of Acceptance from Organization
<input type="checkbox"/>	Association Leave		Explanation of Request
<input type="checkbox"/>	Public Office		Explanation of Request
<input type="checkbox"/>	Other		Explanation of Request
New Request <input type="checkbox"/>		Extension Request	
Return Request		Employee Exit Checklist	
Resignation (Select a Reason):			
Work in Education		Work Other Than Education	Other Reasons for Resignation
<input type="checkbox"/> (41) Other country (specify) _____		<input type="checkbox"/> (51) Government services	<input type="checkbox"/> (61) Study
<input type="checkbox"/> (42) Other state (specify) _____		<input type="checkbox"/> (52) Business	<input type="checkbox"/> (62) Move
<input type="checkbox"/> (43) Another MD county (specify) or MSDE _____		<input type="checkbox"/> (53) Defense work	<input type="checkbox"/> (63) Marriage
Is new position administrative or supervisory? _____		<input type="checkbox"/> (54) Armed Services	<input type="checkbox"/> (64) Maternity/paternity/adoption
<input type="checkbox"/> (44) MD college or university (specify) _____			<input type="checkbox"/> (65) Home responsibility
<input type="checkbox"/> (45) Non-public school (specify) _____			<input type="checkbox"/> (66) Personal illness
			<input type="checkbox"/> (67) Dissatisfaction with teaching
			<input type="checkbox"/> (68) Other
			<input type="checkbox"/> (69) Cause unknown
Last Workday :		Effective Date (1 day after last workday):	
Section 3: HUMAN RESOURCES DEPARTMENT			
Signature:			Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	<input type="checkbox"/> Separation with Prejudice	<input type="checkbox"/> Separation without Prejudice
NOTES:			

Changes to contact information are the responsibility of the employee. Updates to address, phone, and email information can be made in PeopleSoft using the ["Employee Self-Service" feature](#).